Suicide Intervention and Prevention

Suicide Awareness and Intervention Seminar

Overview

Suicide Defined

Assessment

Intervention

Prevention

What If

SUICIDE:

“a permanent solution to a temporary problem”

FACTS AND FABLES ABOUT SUICIDE

ASSESSMENT

SUICIDAL CLUES

SUICIDAL POTENTIAL

RISK ASSESSMENT

SUICIDAL CLUES

CHANGE IN FEELINGS

- Overwhelmingly Sad
- Worthless
- Hopeless
- Lonely
- Helpless
- Guilty
- Lack of interest
- Extreme mood

SUICIDAL CLUES

Change in Thoughts

- “I wish I’d never wake up again”
- “I won’t be needing these things anymore.”
- “Nothing I do seems to matter anymore.”
- “No one can do anything to help me now.”
- “My spouse would be better off if I were dead.”
- “I hate my life. I hate everyone and everything.”

SUICIDAL CLUES

Change in Actions

- Social Withdrawal
- Behavior Extremes
- Giving Away Possessions
- Alcohol/Drug abuse
- Self-mutilation
- Dwelling on problems
- Excessive crying
- Easily agitated
- No energy/inactive
- Excessive risk taking behavior
- Putting things in order
- Access to weapons
- Sudden recovery

SUICIDAL CLUES

Physical Changes

- Lack of interest in appearance
- Change/loss of sex drive
- Disturbed sleep
- Change/loss of appetite

SUICIDAL POTENTIAL

- Always anticipate suicide if there have been previous attempts
- Always anticipate suicide in a disturbed person.
- Has there been a loss?
- Has there been a change in interests, life style, sleeping or eating habits, or the giving away of valued possessions?

SUICIDAL POTENTIAL

- Is there a feeling of hopelessness/helplessness/ worthlessness?
- Is there drug or alcohol abuse?
- Has there been an incident of social disgrace/humiliation?
- Is there an anniversary date of a personal tragedy? (i.e..., death or divorce)

SUICIDE ASSESSMENT

----Low Risk

-low lethality
-no history of suicide attempts
-no complete plan of action or rescue
-desire change from internal pressures

-----No Risk

-no plan of action
-no history
-no attempts

SUICIDE ASSESSMENT

-----High Risk

-high lethality
-history of suicide attempts
-severe personal difficulties
-desire death or death wish
-no rescue plan

-----Moderate Risk

-high lethality

-some plan of action and rescue
-may have history of attempts

INTERVENTION

The ABC Approach of Helping

Achieve rapport

- 3 Critical rules: listen, listen, listen!

  What is the person feeling?

- Determine if an emergency exists.

  Is the person thinking about suicide now?

  Has the person decided to commit suicide?

  Does the person have the means?

  How specific are the plans? How lethal?

BREAK THE PROBLEM DOWN

- An Emergency -- No time to waste!

  Evaluate immediate needs and resources.

  Assess the Lethality.

  Assess the intervention potential. (Willing to go to the hospital?)

BREAK THE PROBLEM DOWN (Cont.)

- A Possibility -- Time to explore the suicide risk.

Explore the problem through active listening.

Encourage the person to talk in detail.

Let person prioritize desired changes.

Seek Alternatives/Review Resources

CHALLENGE TO ACTION

- Help the person to look at his/her own coping skills.
- Explore the “will to die” and the “will to live.” Hear their pain Nurture the ambivalence toward life.
- Help the person to discover his/her own way to cope with life.

Challenge to Action Cont.

- Encourage the person to see a trained professional.

  Seek and involve professional help immediately if the suicide is intense.

- “Contract” with the person for future Contacts.

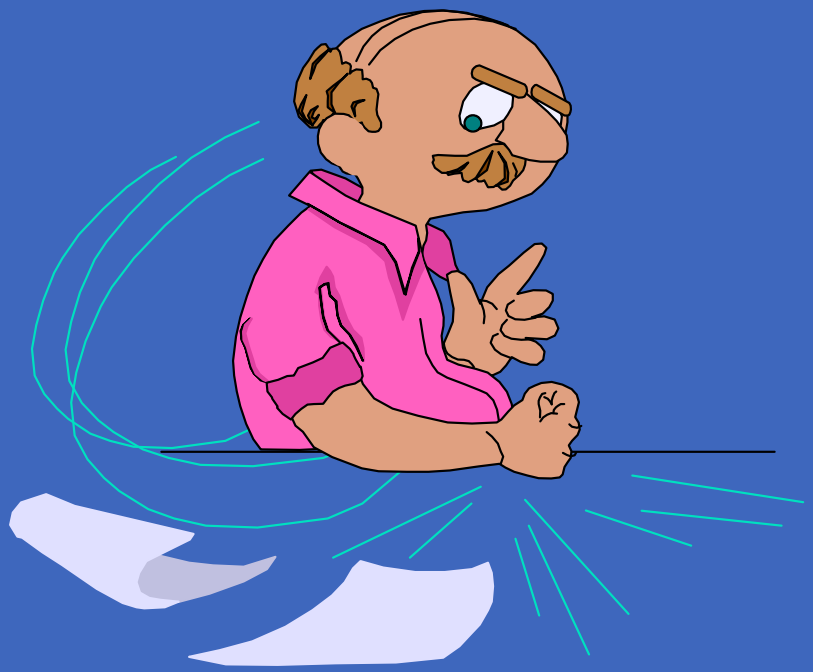
SUICIDE INTERVENTION: DO'S

- Do listen!
- Do accept the person's feelings.
- Do take the person seriously.
- Do accept the emotional state the person is in
- Do ask for the reasons for not wanting to live.
- Do ask why s/he has chosen to stay alive thus far.
- Do show you care by listening and accepting.

SUICIDE INTERVENTION: DO'S (Cont.)

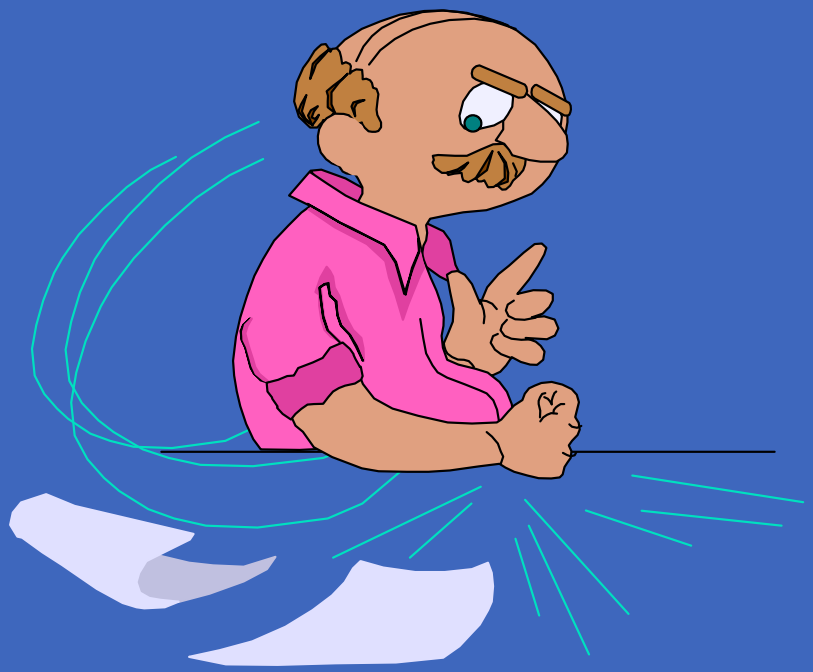
- Do accept the life perspective as stated.
- Do be understanding.
- Do suggest that you help the person find someone that can help him/her.

STRESS REDUCTION



- EXERCISE REGULARLY
- EAT RIGHT
- GET ENOUGH SLEEP
- LIMIT USE OF ALCOHOL
- USE TIME WISELY

STRESS REDUCTION Cont.



- Work out anger
- Have a good laugh
- Go for a walk
- Develop a hobby
- Learn a relaxation technique
- Practice your faith

“Buddy Care”

- Be alert to factors that may cause stress in your co-workers. Know your team!
- Be caring and patient and express your concern

“Buddy Care” Cont.

- Use effective communication techniques:
  - Listen!
  - Be accepting.
  - Continue to listen!
  - Observe non-verbal cues.
  - Keep on listening!

“Buddy Care” Cont.

- Take action.
- Determine suicide potential.
  Make referral to an appropriate professional.

DO NOT LEAVE THE INDIVIDUAL ALONE UNTIL YOU ARE CERTAIN SHE/HE IS IN THE CARE OF SOMEONE TRAINED TO HELP OR THAT THE CRISIS IS RESOLVED!

PREVENTION

- FOUR LINES OF CARING
- FIVE STEPS

PREVENTION

FOUR LINES OF CARING

1. "Buddies", immediate family, relatives & friends
2. Contact with front-line resources
3. Mental Health/Chaplain
4. Hospital

PREVENTION

FIVE STEPS

1. Establish Relationship
2. Identify Problem
3. Evaluate
4. Assess
5. Formulate a Plan

WHAT IF?